

# **Montana State Hospital**

## **Hospital Data Report**

**Fiscal Year 2008**



## Table of Contents

<b>Section</b>	<b>Page</b>
Introduction	2
Hospital Mission	3
MSH Treatment Program Descriptions	4
A Unit Program	4
B Unit Program	4
D Unit Program	5
E Unit Program	6
Spratt Program	6
Transitional Care Units	7
Residential Care Unit	7
Therapeutic Learning Center	8
DATA-CHARTS-TABLES	
Monthly Average Population – FY 08	8
Average Daily Census FY 99 – FY 08	9
Hospital Capacity	9
Admissions FY 99 – FY 08	10
Admissions – By Commitment Types	10
Time of Arrival and Day of the Week	11
Time of Admission Arrivals	12
Primary Diagnosis of Patients Admitted	12
Age of Patients Admitted	13
Gender	14
Rate of Admissions by County	14
Difference between Admissions and Discharges	16
Three-Year Admission Totals by County	17
Average Length of Stay	18
Type of Commitment for Patients Hospitalized on 6/30/08	19
MSH Staffing Data	
Staffing Allocations	20
Educational Level of MSH Workforce	21
MSH Total Operating Expenses FY 08 – Non-Personnel	
Operating Expenses	21
MSH Total Operating Expenses Over Past 10 Years	22
Cost per Patient Day	
Cost per Patient Day over 10-Year Period	23
Reimbursement Revenue Received	23
Phone Numbers	24
Organizational Structure	

# Montana State Hospital

## Hospital Data FY 2007-2008

### Introduction

Montana State Hospital dates back to 1877 when it was founded by the Territorial Government. There is a long history of dedication to patient care and treatment by the facility's staff as well as many challenges in trying to stretch resources to meet many needs. This report is intended to provide the reader with information about the Hospital and its operation. Montana State Hospital is an important part of a public mental health system that places a priority on serving people in or near their home community whenever possible.

The patient census was the predominating issue facing Montana State Hospital throughout fiscal year 2007-2008 (ending June 30, 2008). The hospital experienced a 6% increase in admissions over the previous year and an 8.5% increase in the average daily census. Patient discharges also increased by 8%.

	<b>Admissions</b>	<b>Discharges</b>	<b>Average Daily Census</b>
FY 07-08	723	736	204
FY 06-07	682	681	188

### Accomplishments for the Year

- The "facility certification" training program for mental health professionals was revised and updated.
- Uniforms were distributed to employees in the nursing and rehabilitation therapy departments and became dress code requirements.
- MSH Physicians began providing coverage to Montana Chemical Dependency Center in Butte due to a vacant position in that facility.
- Aging cottonwood trees on the hospital campus were trimmed alleviating a significant safety hazard.
- MSH hosted its first "Community Day" involving the Montana Chapter of the National Alliance for the Mentally Ill and several community mental health and consumer organizations.
- Demolition of several old vacant buildings on the hospital campus was completed.
- Metabolic syndrome clinics were initiated establishing key indicators of patient health status and to coordinate care involving psychiatrists, medical clinic physicians, nurses, dietary, and pharmacy staff.

## **Hospital Mission**

The mission of the Hospital as directed by statute (53-21-601 M.C.A.) is to stabilize persons with severe mental illness and to return them to the community as soon as possible if adequate community-based support services are available.

The Hospital has adopted the following statements on mission, vision, and guiding principles in order to articulate important organizational philosophies to patients, their families, employees, and others outside of our organization. These are:

### **Mission**

To provide quality psychiatric evaluation, treatment, and rehabilitation services for adults with severe mental illness from communities across Montana.

### **Vision**

To be the leader in providing innovative mental health services which enhance the quality of life for Montanans. In doing so, we will maximize individual ability, potential, and satisfaction.

### **Guiding Principles**

- Keep people safe
- Treat people with respect, trust, and dignity
- Consider all patient needs with sensitivity
- Utilize a holistic approach for provision of care
- Assist patients toward achieving greater levels of self-sufficiency and autonomy
- Support informed choice and decision-making
- Advance the mission of the hospital through teamwork
- Ensure public trust through personal and professional integrity

As an agency under the DPHHS Addictive and Mental Disorders Division, the hospital makes every effort to coordinate care and develop improved public mental health services in local communities. Hospital staff participate on a number of committees and task forces that address public mental health and chemical dependency services in Montana.

## **MONTANA STATE HOSPITAL TREATMENT PROGRAMS**

### **TREATMENT PROGRAMS DESCRIPTION of SERVICES January 2009**

Treatment at Montana State Hospital is organized around four primary clinical pathways that collectively are called "Pathways to Recovery." The purpose of the pathways is to provide meaningful, coordinated treatment for each individual in order to promote recovery and independence to the fullest extent possible. Programs on each treatment unit are developed around a particular treatment pathway. People can receive services from other pathways as needed. All treatment programs are co-occurring capable in that substance abuse treatment needs will be appropriately addressed concurrently with other treatment the patient requires.

A brief description of each program follows:

#### **A Unit, Main Hospital**

<b>Program</b>	<b>Social and Independent Living Skills (SILS) Pathway</b>
<b>Capacity</b>	<b>31 beds</b>
<b>Average Census 11/08</b>	<b>33 patients</b>
<b>Status</b>	<b>Licensed by State of Montana under Hospital Standards; Certified by CMS under federal Medicare &amp; Medicaid Regulations</b>
<b>Program Manager</b>	<b>Helen Amberg, M.A., CTRS</b>
<b>Psychiatrists</b>	<b>E. Lee Simes, M.D. Tatjana Caddell, D.O.</b>
<b>Nurse Manager</b>	<b>Mark Softich, RN, BSN</b>
<b>Psychologist</b>	<b>Vacant</b>
<b>Social Workers</b>	<b>Nancy Russell Liana Schmidt Ray Lappin, MSW Lou Lopez</b>
<b>CD Counselor</b>	<b>Jesse Isreal, LAC</b>
<b>Rehabilitation Therapy</b>	<b>Diana Vashro 2<sup>nd</sup> position vacant</b>

The SILS Pathway on A ward is designed to stabilize and treat acute psychosis and affective disorders that impair judgment, social functioning, and independent living skills. After stabilization of symptoms, treatment focuses on helping people better understand and manage their psychiatric illness and to begin taking steps toward recovery. Groups and therapeutic activities are designed to provide learning and practice experiences that promote recovery and allow the individual to experience healthy patterns of living and an improved quality of life. Individuals have an opportunity to work on personal goals for recovery and movement to community placements.

#### **B Unit, Main Hospital**

<b>Program</b>	<b>Adaptive Living Skills (ALS) Pathway</b>
<b>Capacity</b>	<b>26 beds</b>
<b>Average Census 11/08</b>	<b>23 patients</b>

<b>Status</b>	<b>Licensed by State of Montana under Hospital Standards; Certified by CMS under federal Medicare &amp; Medicaid Regulations</b>
<b>Program Manager</b>	<b>Angel Lampert, R.N.</b>
<b>Psychiatrist</b>	<b>Thomas Gray, M.D.</b>
	<b>Patricia Bowling, M.D.</b>
<b>Social Workers</b>	<b>Kathy Quinn</b>
	<b>George Orr</b>
<b>Rehabilitation Therapy</b>	<b>Mick Buben, OTL</b>

The Adaptive Living Skills Pathway is designed to enhance the physical, mental and psychosocial well-being of individuals who have long-term psychiatric disabilities and/or significant physical limitations. Individuals placed in this pathway include those whose psychosis or cognitive limitations are such that they severely interfere with daily functioning. Significant physical impairments may be present as well. Groups and therapeutic activities are highly individualized and designed to 1) provide a daily schedule that promotes physical, cognitive, emotional and social health; 2) promote each individual's self-respect and quality of life by providing activities that allow for self-expression, personal responsibility and choice.

#### **D Unit, Main Hospital**

<b>Program</b>	<b>Management of Legal Issues (MLI) Pathway</b>
<b>Capacity</b>	<b>32 beds</b>
<b>Average Census 11/08</b>	<b>47 patients</b>
<b>Status</b>	<b>Licensed by State of Montana under Hospital Standards Regulations</b>
<b>Program Manager</b>	<b>Ray McMillan, B.S.</b>
<b>Psychiatrist</b>	<b>Virginia Hill, M.D.</b>
<b>Nurse Practitioner</b>	<b>Marlene Tocher, APRN</b>
<b>Nurse Manager</b>	<b>Debra Retzlaff</b>
<b>Psychologists</b>	<b>John VanHassel, Ph.D.</b>
	<b>Drew Schoening, Ph.D.</b>
<b>Unit treatment specialist</b>	<b>Elissa Crowe LCPC</b>
<b>Social Workers</b>	<b>Steve Ryan, MSW</b>
	<b>Cathy Orrino</b>
<b>Rehabilitation Therapy</b>	<b>Bill Calhoun</b>

The Management of Legal Issues Pathways is designed for people admitted to Montana State Hospital who have misdemeanor or felony charges pending and are in various stages of adjudication. The unit is also known as the Hospital's forensic unit. There are three main components to the program 1) evaluation of competency and related issues; 2) treatment to restore competency and fitness to stand trial; 2) treatment for individuals found guilty but mentally ill or not guilty by reason of mental illness in criminal proceedings. The MLI program also provides psychiatric evaluation and treatment for individuals transferred from facilities operated by the Montana Department of Corrections. In all aspects of programming on this unit, careful consideration is given to public safety and the perspective of victims.

### **E Unit, Main Hospital**

<b>Program</b>	<b>Social and Independent Living Skills (SILS) Pathway</b>
<b>Capacity</b>	<b>25 beds</b>
<b>Average Census 11/08</b>	<b>27 patients</b>
<b>Status</b>	<b>Licensed by State of Montana under Hospital Standards; Certified by CMS under federal Medicare &amp; Medicaid Regulations</b>
<b>Program Manager</b>	<b>Sherri Bell, MSW</b>
<b>Psychiatrist</b>	<b>David Carlson, M.D.</b>
<b>Nurse Manager</b>	<b>Dave Olson, R.N., C.</b>
<b>Psychologist</b>	<b>Margaret Osika, Ph.D.</b>
<b>Social Worker</b>	<b>Sheila Connell, MSW</b>
	<b>Jacqueline Evans</b>
<b>Rehabilitation Therapy</b>	<b>Mike Sbragia</b>
	<b>Vacant Position</b>

The E Unit Social and Independent Living Skills Pathway provides treatment for people with acute and chronic psychosis and affective disorders that impair social and independent functioning. Various treatment opportunities focus upon helping individuals better understand and manage their symptoms to promote personal growth, while providing various opportunities to learn skills leading toward recovery. Groups and therapeutic activities are designed to provide learning and practice experiences that promote recovery and allow the individual to experience healthy patterns of living and an improved quality of life.

### **Spratt Building**

<b>Program</b>	<b>Coping Skills Pathway</b>
<b>Capacity</b>	<b>60 beds</b>
<b>Average Census 11/08</b>	<b>40 patients</b>
<b>Status</b>	<b>Licensed by State of Montana under Hospital Standards; Certified by CMS under federal Medicare &amp; Medicaid Regulations</b>
<b>Program Manager</b>	<b>Evonne Hawe, M.S., LAC</b>
<b>Psychiatrists</b>	<b>Rosemary Kellogg, M.D.</b>
	<b>Myron Meinhardt, M.D.</b>
<b>Addiction Specialist</b>	<b>Dan Nauts, M.D.</b>
<b>Nurse Practitioner</b>	<b>Judy Weitzel, APRN</b>
<b>Nurse Manager</b>	<b>Rosemary Miller, R.N.</b>
<b>Psychologists</b>	<b>Marla Lemons, Psy.D.</b>
	<b>Polly Peterson, Ph.D.</b>
<b>Psychology Specialist</b>	<b>Jody Parrott, LCPC</b>
<b>Psychology Specialist</b>	<b>Jeff Pflug, LAC</b>
<b>Addiction Counselor</b>	<b>Jim Dempsey, LAC</b>
<b>Social Workers</b>	<b>Leah Merchant</b>
	<b>Ben Borneman</b>
	<b>Vicki Wyant</b>
	<b>4<sup>th</sup> position is currently vacant</b>
<b>Rehabilitation Therapy</b>	<b>Micki Gratzner</b>
	<b>Debra Cuen</b>
<b>Rehab Aides</b>	<b>Allen Grantham</b>
	<b>Christie Mickelberry</b>

The Coping Pathway Program is designed for individuals whose primary problem is maladaptive coping behavior who may also use substances. This includes suicidal and self-injurious behaviors, eating disorders, problems with anger, problems in interpersonal relationships including aggression and lack of assertiveness, treatment non-compliance behaviors, somatization, and substance use or addictions. This program provides stage-based, integrated treatment to address complex treatment needs with a co-occurring recovery perspective.

### **Johnson House**

<b>Program</b>	<b>Transitional Living</b>
<b>Capacity</b>	<b>8 beds</b>
<b>Average Census 11/08</b>	<b>5 patients</b>
<b>Status</b>	<b>Licensed as a Mental Health Center Group Home by the State of Montana</b>
<b>Program Manager</b>	<b>Janette Reget, LCSW</b>

Johnson House provides transitional living for people preparing for discharge into a community mental health center group home or similarly structured aftercare service like adult foster care or assertive community treatment. Program focus is on development independent living and self-care skills and social adjustment from institutional care.

### **Mickelberry House**

<b>Program</b>	<b>Transitional Living for People on Forensic Commitments</b>
<b>Capacity</b>	<b>7 beds</b>
<b>Average Census 11/08</b>	<b>4 patients</b>
<b>Status</b>	<b>Licensed as a Mental Health Center Group Home by the State of Montana</b>
<b>Program Manager</b>	<b>Janette Reget, LCSW</b>

Mickelberry House provides transitional living for people on forensic commitments who are preparing for a community placement. Program focus is on development independent living and self-care skills and social adjustment from institutional care.

### **Residential Care Unit**

<b>Program</b>	<b>Maintenance and Transitional Care for Patients who are stable and awaiting placement in a community aftercare program</b>
<b>Capacity</b>	<b>20 beds</b>
<b>Average Census 11/08</b>	<b>17 patients</b>
<b>Status</b>	<b>No appropriate licensure category exists</b>
<b>Program Manager</b>	<b>Janette Reget, LCSW</b>
<b>Social Worker</b>	<b>Tim Hamm, MSW</b>

The Residential Care Program provides care and ongoing treatment for people who are stabilized and discharged from hospital care, but awaiting placement in a community program either because of legal status or bed availability. The majority of the people on the program are on forensic commitments. The program provides care and treatment intended to maintain improvements made on other hospital units and further promotes each individual's recovery.



## Therapeutic Learning Center

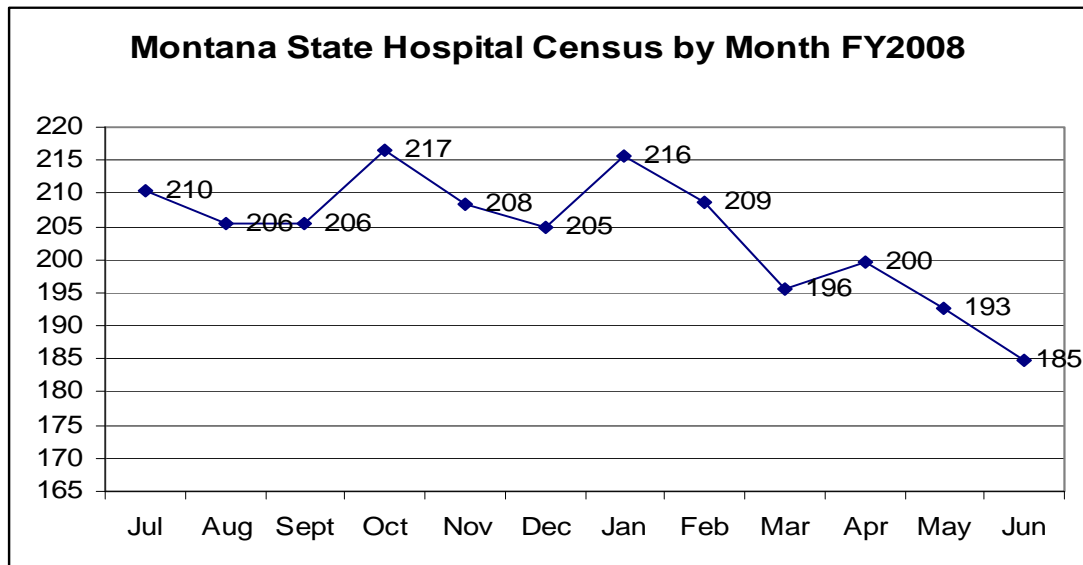
<b>Program</b>	<b>Central Rehabilitation Therapy Services</b>
<b>Program Manager</b>	<b>Cheryl Eamon RT</b>
<b>Occupational Therapist</b>	<b>Mick Buben OTL</b>
<b>Vocational Therapist</b>	<b>Dale Miller</b>
	<b>George Sich</b>
<b>Librarian</b>	<b>Terry Ferguson</b>
<b>Snack Bar</b>	<b>Pat Hanson</b>
<b>Chaplain</b>	<b>Father Hubert Pins</b>
<b>Chaplain</b>	<b>Reverend Thomas Woods</b>
<b>Peer Support Specialist</b>	<b>Pat Solan</b>
	<b>2<sup>nd</sup> position currently vacant</b>
<b>Beautician</b>	<b>Nancy McCollum</b>
<b>Living Skills</b>	<b>Diana Vashro</b>
<b>Education</b>	<b>Mike Sbragia</b>

The Therapeutic Learning Center is an auxiliary treatment service. It provides a variety of treatment modalities to help patients achieve specific psychosocial, leisure, educational, physical, spiritual, and vocational outcomes. The focus of groups is on each individual's interests and abilities with a strong emphasis on a "Recovery" based treatment modality.

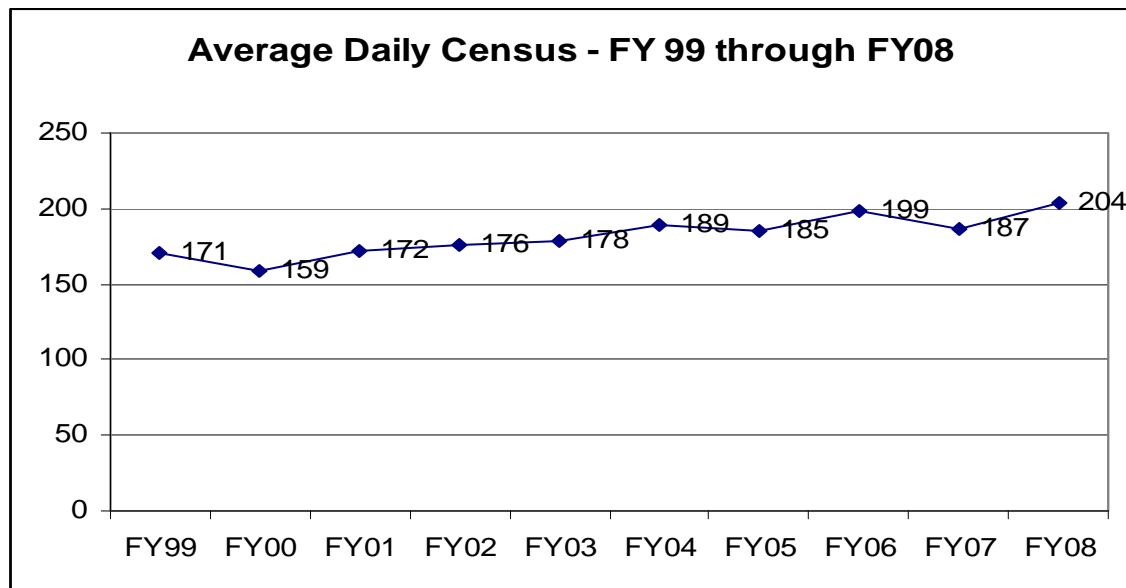
## **DATA – CHARTS – TABLES**

The average daily census for FY 2008 was 204. Legislative appropriations and staffing authorization was based on an anticipated average daily census of 189 for the year.

### **Hospital Census**



The Hospital's average daily census over the last ten years:



## Hospital Capacity

Montana State Hospital operates in a physical plant designed for an average patient census of 135. This facility opened in 2000 and replaced a number of old buildings that did not meet current code standards. Planning for the current facility occurred in the mid-1990's and assumed that development of additional community mental health services would reduce utilization of Montana State Hospital. We now know that the need for inpatient psychiatric services remains high even in states with well developed community mental health programs. Montana State Hospital serves people diverted from criminal justice systems and people who present diagnostic and treatment needs that are beyond the capacity of community programs and hospitals to address.

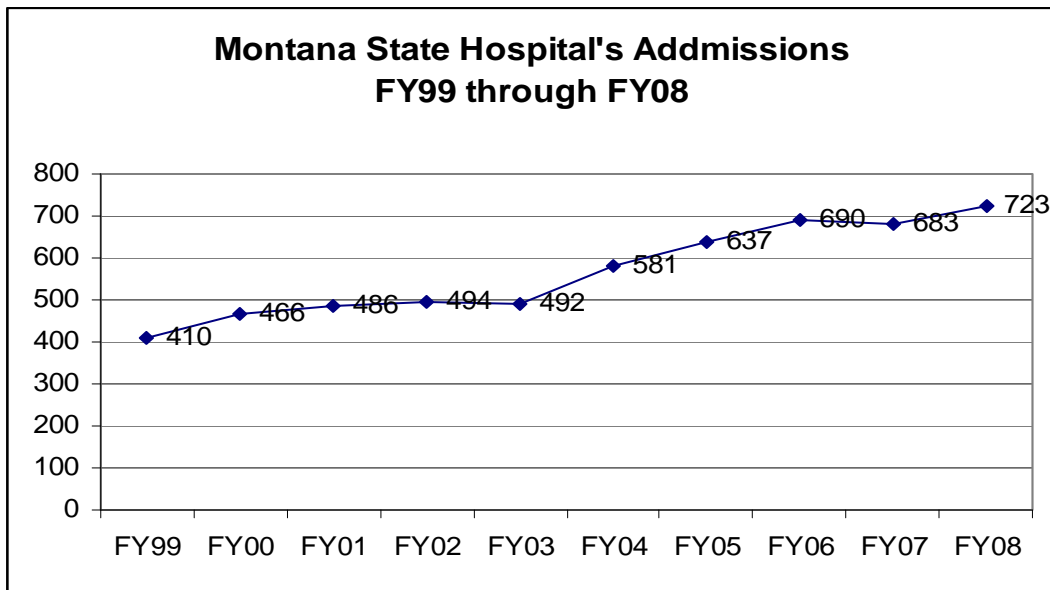
Location	Unit	Patient Population	Licensed Capacity
Main Hospital Building	A Unit	Admissions/Acute	31
Main Hospital Building	B Unit	Geriatric and Special Care	26
Main Hospital Building	D Unit	Forensic	32
Main Hospital Building	E Unit	Forensic and Behavior Management	25
Spratt Building	PRU	Psychosocial Rehabilitation	60 (limited to 52 to reduce crowding)
Johnson House	TCU	Group Home	8
Mickelberry House	FTCU	Forensic Group Home	7
		<b>Total Licensed Capacity</b>	<b>189</b>
Receiving Hospital	Adult Transitional Shelter Care Unit	Patients ready for discharge awaiting availability of community placement	20 unlicensed beds
		<b>Total Campus Capacity</b>	<b>209</b>

All of the Hospital units in the main building have operated above their licensed capacity at times during the year. The total licensed capacity has also been exceeded on numerous occasions during the year.

Designed Capacity for Facility	135
Budgeted Patient Level of FY 08	189
Licensed Bed Capacity	189
Highest Census during the year - 01/15/08	224
Lowest Census During the year - 06/02/08	181
Average Daily Census for FY 04	204

## Admissions

The Hospital admitted 723 patients during FY 08, and increase of 41 (5.8%) from FY 07. Admissions have increased by 76% over the past ten years.



## Types of Admissions

Commitment Type	Process	Description/Major Characteristics	Number of Admissions in FY 07-08
Emergency Detention	Civil	Detained pending commitment hearing – ordered by county attorney	320
Court Ordered Detention	Civil	Detained pending commitment hearing – ordered by district court or municipal court judge	125
Involuntary Commitment	Civil	Court finding of danger to self or others and no community alternative – initial commitment up to 90 days	187
Tribal Court Involuntary	Civil	Civil commitment ordered by	27

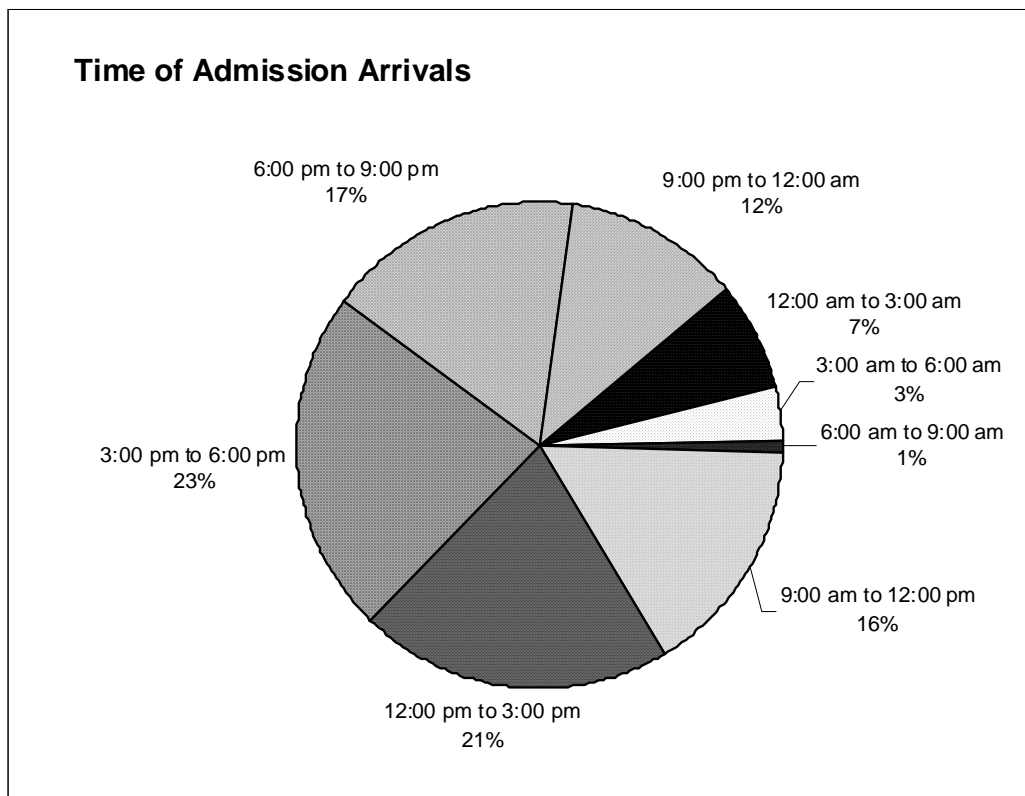
Commitment		tribal courts	
Voluntary	Civil	Patient requests admission and is screened by CMHC	11
Inter-Institutional Transfer	Civil	Transfer from another state institution (DPHHS or DOC) pending commitment hearing	7
Competency to Stand Trial Evaluation	Forensic	Evaluation to determine mental status	14
Unfit to Proceed	Forensic	Evaluation and Treatment to enable defendant to stand trial	20
Guilty but Mentally Ill	Forensic	Sentenced to DPHHS on criminal charges; may be transferred to DOC by Department Director	12
Not Guilty by Reason of Mental Illness	Forensic	Not guilty of criminal charges due to mental status	
<b>Total Admissions in FY 08</b>			<b>723</b>

### Time of Admission Arrival and Day of the Week

During FY 08, MSH noted that the most frequent time for admissions to arrive at MSH was late in the afternoon or early evening, and Friday was the most common day of the week to receive admissions. An increased number of weekend admissions were also noted. This is related to the increased number of emergency admissions. These are times when fewer mental health professionals or administrative staff are available and it can be difficult to assimilate a new patient on to a treatment unit. The Hospital is reviewing actions that can be taken in response to this trend, including adjusting staff schedules.

<b>Montana State Hospital</b> <b>Time and Day of the Week that Admissions Arrived</b> <b>July 2007 - June 2008</b>									
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Total</b>	<b>Percent</b>
12AM - 1AM	1	3	2	4	2	5	4	21	2.90%
1AM – 2AM	1	2	6	0	0	2	8	19	2.63%
2AM – 3AM	1	3	1	1	0	3	4	13	1.80%
3AM – 4AM	3	0	1	2	2	2	0	10	1.38%
4AM – 5AM	2	3	0	1	3	1	0	10	1.38%
5AM – 6AM	0	0	1	0	2	0	2	5	0.69%
6AM – 7AM	1	0	0	1	0	1	0	3	0.41%
7AM – 8AM	0	0	1	0	0	0	0	1	0.14%
8AM – 9AM	0	0	1	0	1	0	0	2	0.28%
9AM - 10AM	0	2	1	5	8	3	0	19	2.63%
10AM - 11AM	4	6	2	5	6	10	3	36	4.98%
11AM - 12 PM	2	4	13	12	15	12	1	59	8.16%
12PM - 1PM	2	9	9	8	9	11	2	50	6.92%
1PM – 2PM	1	5	6	3	12	13	5	45	6.22%
2PM – 3PM	5	8	7	8	8	14	7	57	7.88%
3PM – 4PM	2	9	10	12	10	11	1	55	7.61%
4PM – 5PM	5	12	11	9	9	9	6	61	8.44%

5PM – 6PM	2	10	7	6	10	11	2	48	6.64%
6PM – 7PM	1	8	10	4	12	11	2	48	6.44%
7PM – 8PM	3	9	6	11	10	5	1	45	6.22%
8PM – 9PM	3	6	6	5	4	5	2	31	4.29%
9PM - 10PM	2	11	4	4	5	10	3	39	5.39%
10PM - 11PM	1	2	6	5	4	2	3	23	3.18%
11PM - 12AM	2	5	2	5	3	6	0	23	3.18%
<b>Total</b>	44	117	113	111	135	147	56	723	100%
<b>Percent</b>	6.09%	16.18%	15.63%	15.35%	18.67%	20.33%	7.75%		



The high number of admissions occurring during late afternoon and evening hours indicates a need to schedule more staff to work these shifts in order to carry out admission assessments and related activities.

### Primary Diagnosis of Patients Admitted

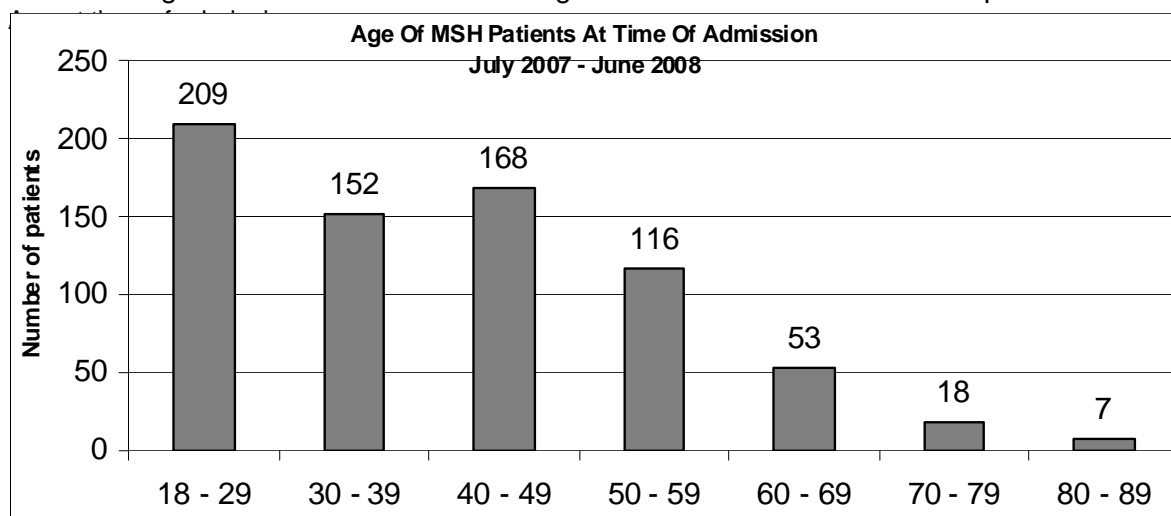
The table below gives the primary diagnosis reported by the referring/evaluating professional in the community for patients admitted to MSH during FY 08. It should be noted that professionals at the Hospital sometimes differ with community professionals on the diagnosis of a particular patient. In the table below, alcohol and other substance abuse seems greatly under represented. Montana State Hospital clinical staff report that substance abuse is a primary factor in at least 20% of the admissions to the Hospital and 58% of the patients admitted during the year had a co-occurring substance abuse problem that was at least a contributing factor to the admission. Personality Disorders also appear to be significantly underrepresented in the primary diagnoses reported by the community.

Schizophrenia	118
Bipolar	105

Schizoaffective	96
Depression	91
Psychosis	48
Personality Disorders	39
Post Traumatic Stress	32
Substance Abuse	30
Mood Disorder	24
Dementia	22
Dysthymia	19
Adjustment Disorder	13
Mood Disorder due to Substance Abuse	12
Anxiety	6
Delusional Disorder	6
Schizophreniform Disorder	3
Anorexia/ Bulimia	3
Cognitive Disorder	3
Intermittent Explosive Disorder	3
Organic Impairment	2
Asperger's Syndrome	1
Attention Deficit Hyperactive Disorder	1
Cyclothymia Disorder	1
Dysphoria Disorder	1
Pedophilia	1
<u>No Diagnosis Given</u>	<u>43</u>
Total	723

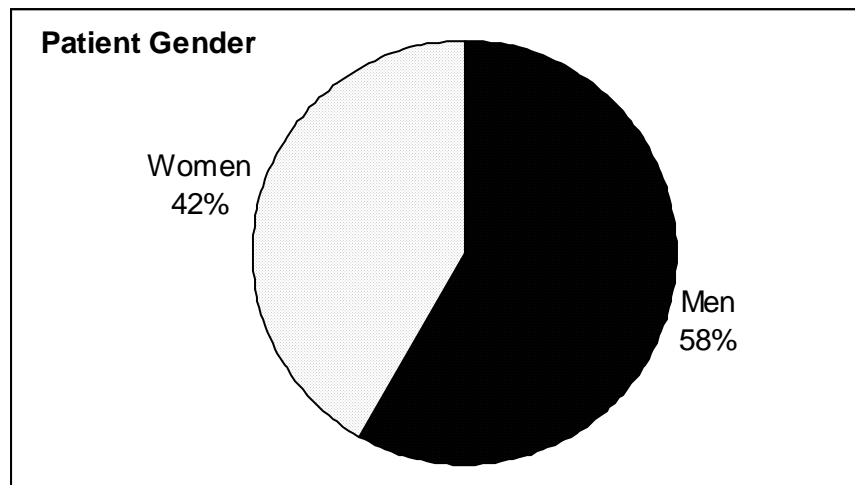
#### Age of Patient Admitted During FY 08

The median age of patients admitted during FY 08 was 40-49. Notably, only 10% of the patients admitted during FY 08 were 60 years of age or older. This continues the trend of decreasing numbers of older adults being admitted to Montana State Hospital.



## Gender

There was a slight increase in the percentage of female patients admitted during FY 08.



## Rate of Admissions by County

\*Includes Admissions from Montana State Prison

\*\*Includes Admissions from Montana Mental Health Nursing Care Center

County	Admissions in FY 2008	2000 County Census	Admissions per 1,000 residents
Missoula	109	95,802	1.14
Lewis and Clark	100	55,716	1.82
Silver Bow	84	34,606	2.42
Yellowstone	55	129,352	0.42
Gallatin	52	67,831	0.77
Cascade	46	80,357	0.57
Lake	36	26,507	1.35
Flathead	28	74,471	0.37
Ravalli	28	36,070	0.77
Lincoln	21	18,837	1.12
Custer	17	11,696	1.46
Park	17	15,694	1.08
Deer Lodge	16	9,417	1.70
Powell*	11	7,180	1.57
Blaine	10	7,009	1.42
Dawson	10	9,059	1.11
Hill	10	16,673	0.60
Fergus**	8	11,893	0.67
Glacier	8	13,247	0.60
Roosevelt	8	10,620	0.75
Jefferson	7	10,049	0.70
Richland	7	9,667	0.72

<b>County</b>	<b>Admissions in FY 2008</b>	<b>2000 County Census</b>	<b>Admissions per 1,000 residents</b>
Beaverhead	5	9,202	0.55
Big Horn	4	12,671	0.32
Broadwater	4	4,385	0.93
Toole	3	5,267	0.58
Carbon	2	9,552	0.21
Liberty	2	2,158	0.90
Madison	2	6,851	0.29
Meagher	2	1,932	1.05
Sanders	2	10,227	0.20
Sheridan	2	4,105	0.04
Teton	2	6,445	0.31
Wibaux	2	1,068	1.87
Fallon	1	2,837	0.35
Rosebud	1	9,383	0.11
Stillwater	1	8,195	0.12
Carter	0	1,360	0
Choteau	0	5,970	0
Daniels	0	2,017	0
Garfield	0	1,279	0
Golden Valley	0	1,042	0
Granite	0	2,830	0
Judith Basin	0	2,329	0
McCone	0	1,977	0
Mineral	0	3,884	0
Musselshell	0	4,497	0
Petroleum	0	493	0
Phillips	0	4,601	0
Pondera	0	6,424	0
Powder River	0	1,858	0
Prairie	0	1,199	0
Sweet Grass	0	3,609	0
Treasure	0	861	0
Valley	0	7,675	0
Wheatland	0	2,259	0
Out-of-State	0	0	0
Total	723	902,195	0.08



## Difference between Number of Admissions and Discharges to each County

This table shows the number of people admitted from each Montana County and the number who went to that county upon discharge from Montana State Hospital. Discharges rates to Fergus and Powell Counties tend to be higher because the Montana Mental Health Nursing Care Center and the Montana State Prison are located in these counties.

### Montana State Hospital Admissions and Discharges by County

July 2007 - June 2008

County	Admissions	Discharges	Difference
Beaverhead	5	2	3
Big Horn	4	1	3
Blaine	10	9	1
Broadwater	4	3	1
Carbon	2	0	2
Cascade	46	32	14
Custer	17	16	1
Dawson	10	9	1
Deer Lodge	16	13	3
Fallon	1	1	0
Fergus	8	25	-17
Flathead	28	35	-7
Gallatin	52	45	7
Glacier	8	5	3
Hill	10	5	5
Jefferson	7	9	-2
Judith Basin	0	0	0
Lake	36	34	2
Lewis & Clark	100	95	5
Liberty	2	2	0
Lincoln	21	18	3
Madison	2	2	0
Meager	2	2	0
Macone	0	0	0
Mineral	0	1	-1
Missoula	109	112	-3
Musselshell	0	1	-1
Park	17	18	-1
Phillips	0	1	-1
Pondera	0	0	0
Powell	11	24	-13
Ravalli	28	25	3
Richland	7	3	4
Roosevelt	8	6	2
Rosebud	1	2	-1
Sanders	2	5	-3
Sheridan	2	0	2
Silver Bow	84	82	2
Stillwater	1	0	1
Sweet Grass	2	0	2

County	Admissions	Discharges	Difference
Teton	0	2	-2
Toole	3	2	1
Valley	0	2	-2
Wibaux	2	2	0
Yellowstone	55	44	11
Out of State	0	40	-40
Deceased	0	3	-3
Total	723	738	-15

### Three-Year Admission Totals by County

#### Admissions by County 2006 – 2008

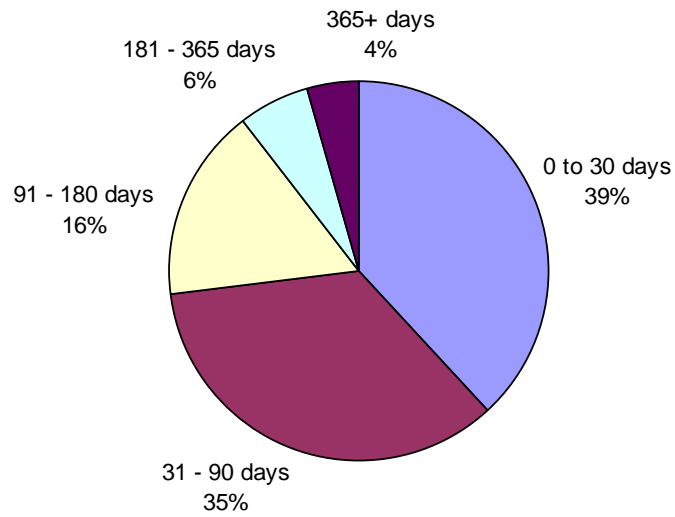
County	2006	2007	2008	3-Year Total
Silver Bow	117	103	84	304
Missoula	81	105	109	295
Lewis and Clark	75	63	100	238
Yellowstone	67	46	55	168
Gallatin	48	44	52	144
Cascade	44	39	46	129
Flathead	36	53	28	117
Lake	23	25	36	84
Ravalli	25	21	28	74
Park	22	26	17	65
Lincoln	19	19	21	59
Deer Lodge	19	17	16	52
Custer	9	12	17	38
Hill	11	12	10	33
Powell	16	15	0	31
Glacier	9	9	8	26
Fergus	6	10	8	24
Jefferson	6	9	7	22
Richland	8	4	7	19
Blaine	4	4	10	18
Roosevelt	6	4	8	18
Dawson	2	4	10	16
Beaverhead	3	6	5	14
Phillips	1	2	11	14
Sanders	5	7	2	14
Toole	3	4	3	10
Valley	4	4	0	8
Broadwater	1	2	4	7
Big Horn	1	1	4	6
Madison	3	1	2	6
Sheridan	3	0	2	5
Carbon	1	1	2	4
Liberty	1	1	2	4
Rosebud	1	2	1	4
Teton	2	0	2	4
Musselshell	1	2	0	3

County	2006	2007	2008	3-Year Total
Pondera	1	2	0	3
Stillwater	1	1	1	3
Meagher	0	0	2	2
Wheatland	2	0	0	2
Wibaux	0	0	2	2
Chouteau	1	0	0	1
Fallon	0	0	1	1
Granite	1	0	0	1
Golden Valley	0	1	0	1
Judith Basin	1	0	0	1
Mineral	0	1	0	1
Fallon	0	0	0	0
Garfield	0	0	0	0
McCone	0	0	0	0
Petroleum	0	0	0	0
Powder River	0	0	0	0
Prairie	0	0	0	0
Treasure	0	0	0	0
Out of State	0	0	0	0
Total	690	682	723	2095

### Average Length of Stay

- The average (mean) length of stay for 738 patients discharged between July 1, 2007 and June 30, 2008 was 102 days (3.4 months).
- The median length of stay for all patients discharged between July 1, 2007 and June 30, 2008 was 49 days.
- 172 patients were discharged from emergency detentions and or court ordered detentions with an average length of stay of 5 days. The median length of stay was 4 days.
- 513 patients were discharged from civil commitments including, involuntary, voluntary, inter-institutional transfers and Indian Health commitments with an average length of stay of 97 days. The median length of stay was 63 days.
- 53 patients were discharged from forensic commitments including, court ordered evaluations, guilty but mentally ill, unfit to proceed and not guilty by reason of mental illness with an average length of stay 466 days. The median length of stay was 163 days.

**Length of Stay For Patients Discharged Between  
July 1, 2007 and June 30, 2008**



**Type of Commitment for Patients Hospitalized from 07/01/07 to 06/30/08**

Type of Commitment	Number of Patients	Percentage of Patient Population
<b>Civil Commitments</b>		
Voluntary	11	2%
Emergency or Court Ordered Detention Pending Commitment Hearing	445	61%
Involuntary	187	26%
IHS Tribal Commitment	27	3%
<b>Forensic Commitments</b>		
Court Ordered Evaluation	14	2%
Unfit to Proceed	20	3%
Guilty but Mentally Ill	12	2%
Transfer from Dept. of Corrections	7	1%

## Montana State Hospital Staffing Data

Montana State Hospital Staff Allocations					
<u>MSH Clinical Services</u>	Authorized	Vacant at end of Fiscal Year	Filled at End of Fiscal Year	Budget	Comments
Psychiatrists	9.00	0.00	9.00		
Advance Practice Nurse/ Physician Assistant	3.00	1.00	2.00		
Medical Doctors	3.00	0.00	3.00		
Dentist	0.40	0.00	0.40		
Psychology	8.00	2.00	6.00		
Education and Vocational	3.90	0.00	6.90		
Social Work	17.00	0.00	15.00		
Rehabilitation Therapy	17.00	0.00	14.00		
Peer Support	1.00				
	2.75	1.00	1.75		
CD Counselors					
Team Leaders	6.00	0.00	6.00		
Nursing Administration	10.00	1.00	9.00		
Nursing Supervisors	8.00	1.00	7.00		
Psychiatric Nurses (RN)	44.75	10.50	34.25		
Licensed Practical Nurses	30.00	7.00	23.00		
					On-call pool positions used to maintain minimal staffing levels
Psychiatric Technicians	137.50	0.00	137.50		
	301.30	23.50	277.80	\$17,589,896	
<u>Support Services</u>					
Dietary Department	19.00	2.00	17.00		On-call pool positions to provide relief for absences
Housekeeping	18.10	2.00	16.10		
Maintenance & Transportation	25.00	1.00	24.00		
	62.10	5.00	57.10	\$ 3,083,989	

**Administration**

Hospital Administrator	1.00	0.00	1.00
Administrative Officer	2.00	0.00	1.00
Business Office	13.00	0.00	13.00
Human Resources	2.00	0.00	2.00
Health Information Services	15.00	0.00	14.00
Quality Improvement, Staff Development, Safety Officer, and Security Officers	10.00	0.00	9.00

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	43.00	0.00	40.00	\$ 1,923,330
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Total	406.4	28.50	377.90	\$22,597,215
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**Educational Level of MSH Workforce**

M.D. or equivalent	2%
Ph.D.	2%
Master's Degree	3%
Bachelor's Degree	8%
Registered Nurse (2 years or more)	11%
Licensed Practical Nurse (1 year)	11%
High School	62%

**MSH Operating Expenses FY 08 – Non-Personnel****Contracted Services**

Pharmacy Management	\$752,417.83
State Agency Insurance	264,775.00
DOC Food Factory - Prep and Transport	225,835.20
Locum Psychiatrist	99,109.17
Outside Medical Services	170,072.76
Laundry	118,920.00
Laboratory Services	133,313.42
Contracted Treatment Services	98,352.18
Other	76106.64
Dental Hygienist	10,946.00
Traveling Nurse	255,561.88

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	\$2,205,410.08
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**Utilities**

Electricity	\$350,882.79
Natural Gas	446,009.76
Energy Savings Project Repayments	31,800.00
Garbage and Trash Disposal	38,824.95
Water and Sewage	16,505.78
Propane	6,222.10

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	\$890,245.38
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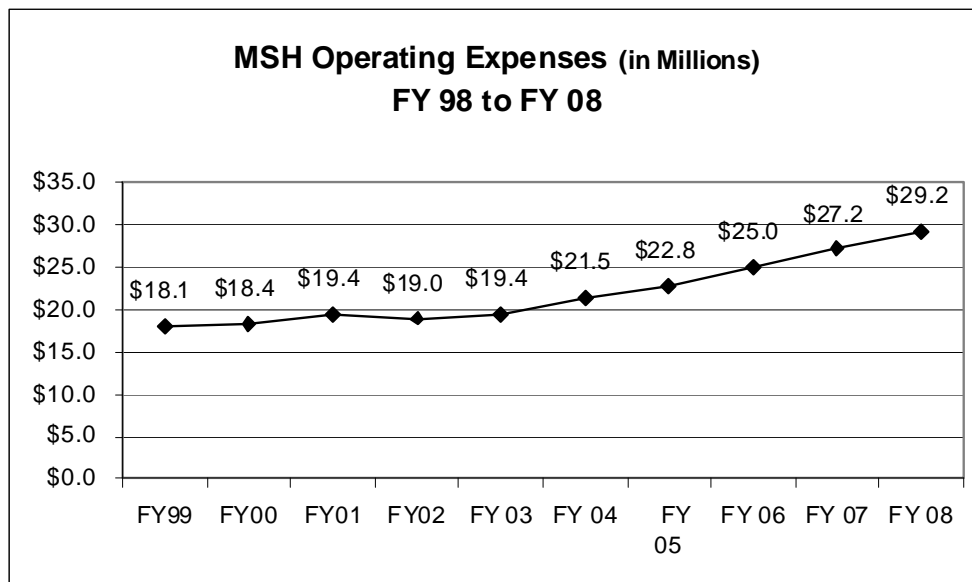
**Supplies**

Pharmaceuticals/Medication	\$1,199,445.93
Food	\$467,697.53
Administration	\$192,709.02
Patient Supplies	\$109,759.09
Medical	\$153,565.81
Housekeeping	\$107,380.46
Maintenance	\$141,147.25
	<hr/>
	\$2,371,705.09

**Other**

Communications	\$ 98,211.25
Repair & Maintenance	298,764.26
Other Expenses	134,269.30
Equipment	199,378.40
Equipment Leases	89,910.80
Travel	54,939.83
	<hr/>
	\$875,473.84

**Total Operating Expenses** \$6,342,834.68

**MSH Total Operating Expenses Over the Past 10 years****Cost per Patient Day**

During a time when escalating healthcare costs are well documented and of significant concern to individuals, organizations, and government agencies across the country, the cost of hospitalization at Montana State Hospital has remained remarkably stable for over ten years.

<b>Fiscal Year</b>	<b>Operating Expenditures</b>	<b>Avg. Daily Census</b>	<b>Cost per Patient Day</b>	<b>Admissions</b>
<b>FY99</b>	<b>\$18,600,340</b>	<b>171</b>	<b>\$298</b>	<b>410</b>
<b>FY00</b>	<b>\$18,425,082</b>	<b>159</b>	<b>\$317</b>	<b>466</b>
<b>FY01</b>	<b>\$19,420,414</b>	<b>172</b>	<b>\$309</b>	<b>486</b>
<b>FY02</b>	<b>\$18,999,287</b>	<b>176</b>	<b>\$296</b>	<b>494</b>
<b>FY 03</b>	<b>\$19,414,421</b>	<b>178</b>	<b>\$299</b>	<b>492</b>
<b>FY 04</b>	<b>\$21,514,955</b>	<b>189</b>	<b>\$312</b>	<b>581</b>
<b>FY 05</b>	<b>\$22,796,524</b>	<b>185</b>	<b>\$338</b>	<b>655</b>
<b>FY 06</b>	<b>\$25,002,970</b>	<b>199</b>	<b>\$344</b>	<b>667</b>
<b>FY 07</b>	<b>\$27,226,278</b>	<b>188</b>	<b>\$397</b>	<b>680</b>
<b>FY 08</b>	<b>\$29,231,410</b>	<b>204</b>	<b>\$426</b>	<b>736</b>

#### **Reimbursement Revenue Received and Deposited in State General Fund**

The table below is cash collections for each fiscal year without any accruals. Payments from counties are recorded in the fiscal year in which they are received and are not tied to date of service.

	<b>Medicaid</b>	<b>Medicare</b>	<b>Insurance</b>	<b>Private Pay</b>	<b>County Paid Pre-Commitment Detention</b>	<b>District Court Paid – Forensic Evaluations</b>	<b>Total</b>
<b>FY 04</b>	<b>484,450</b>	<b>1,647,785</b>	<b>308,384</b>	<b>542,467</b>	<b>316,624</b>	<b>125,949</b>	<b>3,519,071</b>
<b>FY 05</b>	<b>500,547</b>	<b>1,098,563</b>	<b>208,202</b>	<b>315,935</b>	<b>541,305</b>	<b>203,088</b>	<b>3,275,459</b>
<b>FY 06</b>	<b>446,614</b>	<b>1,771,696</b>	<b>739,277</b>	<b>287,830</b>	<b>590,952</b>	<b>206,046</b>	<b>3,944,738</b>
<b>FY 07</b>	<b>537,259</b>	<b>2,056,913</b>	<b>177,875</b>	<b>1,010,235</b>	<b>492,758</b>	<b>180,718</b>	<b>4,624,036</b>
<b>FY 08</b>	<b>368,565</b>	<b>6,095,323</b>	<b>810,310</b>	<b>681,784</b>	<b>648,028</b>	<b>20,316</b>	<b>8,624,326</b>



## Montana State Hospital Phone Numbers

<b>Main Hospital Switchboard</b>		<b>693-7000</b>
<b>Administrative Fax Number</b>		<b>693-7069</b>
Hospital Administrator	Ed Amberg	693-7010
Medical Director	Thomas Gray, M.D.	693-7051
Director of Nursing	Susan Beausoleil, R.N., C.	693-7020
Director, Business & Support Services	Tracey Thun	693-7021
Director of Quality Improvement	Connie Worl	693-7052
Director of Health Information	Billie Holmlund	693-7131
Director of Human Resources	Todd Thun	693-7034
Maintenance Supervisor	Robert Suttle	693-7110
Psychiatrist, A Unit	T.J. Caddell, D.O.	693-7142
Psychiatrist, A Unit	E. Lee Simes, M.D.	693-7107
Psychiatrist, D Unit	Virginia Hill, M.D.	693-7122
Psychiatrist, B Unit	Thomas Gray, M.D.	693-7051
Psychiatrist, B Unit	Patricia J, Bowling, M.D.	693-7477
Psychiatrist, Spratt	Rosemary Kellogg, M.D.	693-7194
Psychiatrist, Spratt	Myron Meinhardt, M.D.	693-7081
Psychiatrist, Spratt	Dan Nauts, M.D.	693-7396
Medical Clinic	Rhonda Damschen, M.D.	693-7121
Medical Clinic	Mark Catalanello, M.D.	693-7156
Medical Clinic	Steven Palmieri, Ph.D, D.O.	693-7121
Chief, Psychology	Polly Peterson, Ph.D.	693-7214
Chief, Social Work and Admissions	Randy Vetter, MSW	693-7149
Chief, Rehabilitation Services	Cheryl Eamon	693-7145
Program Manager – A Unit	Helen Amberg	693-7075
Program Manager – B Unit	Angel Lampert	693-7265
Program Manager – D Unit	Ray McMillan	693-7422
Program Manager - E Unit	Sherri Bell	693-7093
Program Manager - Spratt	Evonne Hawe	693-7394
Program Manager – Residential Care Unit and Transitional Care Units	Janet Reget	693-7005
Safety Coordinator	David Gregory	693-7207
Board of Visitors Attorney	Craig Fitch	693-7037
Board of Visitors Advocate	Luwanna Johnson	693-7035

### Organizational Structure

Hospital management emphasizes a patient-centered team approach with the belief that each staff member is a significant contributor to the provision of care. Hospitals, by nature have more complex structures than many other organizations because of the nature of their work and wide variety of staff that are employed. In general, psychiatrists, other physicians and licensed independent prescribers identify and prescribe the care that each individual patient receives, and other staff perform duties to ensure that care is carried out.

